

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 09/302,825 FILING DATE 4/30/99
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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50						
TOTAL IND.	6					
TOTAL DEP.	27	↔	↔	↔		
TOTAL CLAIMS	33					

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IND.	DEP.	IND.	DEP.
61			
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98			
99			
100			
TOTAL IND.			
TOTAL DEP.		↔	↔
TOTAL CLAIMS			↔